Arkansas Department of Human Services
Division of Community Service & Nonprofit Support
Community Initiative of Arkansas

AmeriCorps Host Site Application Form

I. Organization:

Organization's Legal Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone:_____ Fax: _____

E-mail Address: _____

Organization or Agency Director: _____

On-Site Supervisor (if different): _____

II. Type of Applicant: (select one)

☐ State agency/government
☐ Nonprofit agency
☐ Volunteer Center
☐ Faith-Based Organization
☐ Other: Please explain _____

   Federal Tax Identification Number: _____

III.   Number of AmeriCorps Member(s) requested: Full Time:____   Part Time:____

IV.   Eligibility Requirements:

☐ Yes ☐ No   The organization is an equal opportunity employer which does not restrict or refuse services based on race, religion, age, disability, political affiliation, veteran status, gender, sexual orientation, ethnicity or national origin?

☐ Yes ☐No   The organization is in compliance with the "Drug Free Workplace" federal grant recipient's requirements?

☐ Yes ☐ No   The organization can provide non-federal cash match of

$3,978.00 for full time members or $1782 for half time members, to cover a portion of the member costs and provide $2,200.00 in cash or in-kind match (total commitment of $6,178 for full time members or $3,982 for half time members) for each AmeriCorps member placed with your organization?

☐ Yes ☐ No   The organization can provide liability insurance to cover AmeriCorps Members?

☐ Yes ☐ No   The site supervisors will be available to attend orientation and training?

☐ Yes ☐ No   The organization will provide background checks through the National Sex Offender Registry and AR State Police, including an FBI check, before the AmeriCorps member begins his or her term of service?

☐ Yes ☐ No   The organization will recruit qualified AmeriCorps members?

☐ Yes ☐ No   The organization has been a previous Host Site for AmeriCorps?

PLEASE SIGN:

I certify that the information contained in this Host Site Application is true and correct to the best of my knowledge. I understand that this application does not guarantee the placement of an AmeriCorps Member(s) in my agency, nor does it compel my agency to accept any such members.

_____   _____
Authorized Signature   Date

_____   _____
Name (Printed or Typed)   Title